HARNESS, DICKEY & PIERCE, P.L.C.

Attorneys and Counselors 5445 Corporate Drive, Suite 400 Troy, Michigan 48098-2683 Phone: 248-641-1600 Fax: 248-641-0270 PECEIVED
CENTRAL FAX CENTER
OCT 0 6 2005

St. Louis, MO . Washington, D.C.

DATE: O	or 6, 2005 No. of Pages (Including This Page): 3				
For: G	roup Art Unit 1744	ORIGINAL WILL FOLLOW BY:			
COMPANY: U	SPTO	OVERNIGHT MAIL COURIER			
Fax No.: (5	71) 273-8300 PHONE: WILL NOT FOLLOW				
FROM: G	i. Gregory Schivley				
<u> </u>	Please let us know by phone or fax if you do not receive any of	these pages.			
COMMENTS:					
Application No	o.: 09/920,990				
Filing Date:	August 3, 2001				
Applicant:	Vlad lorgulescu Avram				
Group Art Uni	Group Art Unit: 1744				
Examiner: Krisanne Marie Jastrzab					
Title:	itle: SUBSTANCE AND MICROCLIMATE SIMULATOR				
Attorney Dock	Attorney Docket: 8521-000028 (T8466417US)				
Attached: Transmittal Form (in duplicate) and Power of Associate Attomey and Correspondence Address Indication Form (1 page).					

* * * NOTICE * * * *

The information contained in this telefax transmission is intended only for the individual to whom or entity to which it is addressed. It may also contain privileged, confidential, attorney work product or trade secret information which is protected by law. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering the message to the addressee, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the address above via the U.S. Postal Service. We will reimburse you for any reasonable expense (including postage) for the return of the original message.

PTO/SB/21 (04-04)
Approved for use through 07/31/2005. OMB 0651-0031
U.S. Petern and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1885, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Application Number	09/920,99	O	CEIVED		
TRANSMITTAL	Filing Date			L FAX CENTER			
FORM	First Named Inventor	Vlad lorgu	lescu Avram				
(to be used for all correspondence after initial filing)		Art Unit	1744		T 0 6 2005		
		Examiner Name	Krisanne I	Marie Jastrzab			
Total Number of Pages in This Submission 3		Attorney Docket Number					
	ENCLO	SURES (check all that apply)		-			
Fee Transmittal Form		Drawing(e)		lowance Communication to logy Center (TC)			
Fee Attached	Licensing-related Papers		Appeals	Communication to Board of s and Interferences			
Amendment / Reply	Petition		Appea!	Communication to TC Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application		Proprie	tary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status I	Letter			
Extension of Time Request	Terminal Disclaimer		Other I	Enclosure(a) Identify below):			
Express Abandonment Request	Request for Refund CD, Number of CD(s)		Facsimile Cover Sheet and Power of Associate Attorney and Correspondence Address				
Information Disclosure Statement			ind				
Certified Copy of Priority Document(s)	Remarks The Commissioner is hereby authorized to charge any additional feas that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.						
Response to Missing Parts/ Incomplete Application		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNA	TURE OF	APPLICANT, ATTORNEY, C	R AGENT				
Firm or Hamess, Dickey & Individual name	Hamess, Dickey & Pierce, P.L.C. Attorney Name G. Gregory Schivley			eg. No. ,382			
Signature	9. Theyen / Churchen						
Date	1 Oll Oct 06, 2005						
	ERTIFICA	TE OF TRANSMISSION/MA	LING		7		
I hereby certify that this correspondence Service with sufficient postage as first Alexandria, VA 22313-1450 on the date s	class mall h	n an envelope addressed to: C					
Typed or printed name G. Gregory	chlyie	11.0	Express Mail Label No.		1		
Signature //.	They	m/ Murter	Date	October 6, 2005	†		

This collection of information is required by 37 CF7 1.5. The primarity is required to obtain or priain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S. 0, 122/and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the complete splipetion form to the USPTO Time will vary depending upon the Individual case. Any comparise on the amount of time you require to complete this form and/or suggestions for reducing title funden, already sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22813-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22303-1450.

if you need assistance in complaining the form, call 1-800-PTO-9199 and salect option 2.

September **26**, 2005

PTO/SB/61 (06-04)
Approved for use through 11/30/2008. OMB 0651-0035
Todament Office: U.S. DEPARTMENT OF COMMERCE

Under the Paparwork Reduction Act of 1995, no persons a	re required to res	U.S. Palent and Tr pond to a collection of in	iomation unless it displays	a valid OMB control number.			
POWER OF ASSOCIATE	Application Number		09/920,990				
ATTORNEY	Filing Date		August 3, 2001				
	First Named Inventor		Vlad lorgulescu Avram				
and	Title Art Unit Examiner Name		SUBSTANCE AND MICROCLIMATE SIMULATOR 1744 JASTRZAB, Krisanne Marie				
CORRESPONDENCE ADDRESS							
(INDICATION FORM							
	Attorney I	Docket Number	8521-000028 (T8	466417US)			
I hereby appoint:	1]			
Practitioners associated with the Customer Number.		27572					
OR	{	21012		J			
☐ Practitioner(s) named below:							
Name		Regiet	tration Number				
	·						
	•						
as my/our associate attorney(s) or agent(s) to pr	osecute the a	pplication Identified	above, and to transac	t all business in the			
United States Patent and Trademark Office connected therewith.							
Please recognize or change the correspondent			application to:				
The address associated with the above-me	entioned Custo	mer Number					
OR			Ì				
The address associated with Customer Nu	mber:						
OR				A4 1 4 - 1			
☐ Firm or Individual Name							
Address		•					
Address	_						
City		State	ZIP				
Соцпту							
Telephone		Fax					
I am the:							
Attorney of Record							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO, in process) an application, Completed explication by 50 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete explication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Paters and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PRISS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Paterties, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE; Signatures of all the inventors or assignees of record of the entire interest or train representative(s) are required. Submit multiple forms if

SIGNATURE of Altorney of Record

Date

(416) 862-5790

Telephone

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

forms are submitted.

GOWLING LAFLEUR HENDERSON LLP

Peter Milne

more than one algnature is required, see below.

Signature

Title and Company

Name